

**State of Minnesota****District Court**

County

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

☐ In Re the Marriage of:\_\_\_\_\_  
Plaintiff / Petitioner

vs.

\_\_\_\_\_  
Defendant / Respondent\_\_\_\_\_  
Intervenor**Affidavit in Support of  
Responsive Motion to  
Modify Child Support**STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS  
(County where Affidavit Signed)

My name is \_\_\_\_\_. I am the  
(*check one*) ☐ (Petitioner/Plaintiff) ☐ (Respondent/Defendant) in this case, and I state under  
oath the following information:

**Reasons Why The Existing Support Order Should or Should Not Be Changed:**1. (*Check only one of the following*):

- ☐ I request that the existing support order **not** be changed because there has not  
been a change of circumstances for me or the other party since the order was  
issued.

**OR**

- ☐ I request a change in the existing support order because of (*check all that apply*):
- ☐ Substantially increased or decreased earnings of the (*check one*)  
☐ Obligee (*receiving support*) ☐ Obligor (*paying support*)
  - ☐ Substantially increased or decreased needs of the (*check at least one*)  
☐ child(ren) ☐ Obligee ☐ Obligor
  - ☐ Receipt of public assistance by the (*check one*) ☐ Obligee ☐ Obligor
  - ☐ A change in the cost-of-living for (*check one*) ☐ Obligee ☐ Obligor
  - ☐ Extraordinary medical and/or dental expenses of the child(ren).
  - ☐ A change in the availability of health or dental insurance coverage.
  - ☐ A substantial increase or decrease in existing work-related or education-  
related child care expenses of the (*check one*) ☐ Obligee ☐ Obligor
  - ☐ Emancipation of a child (name of child): \_\_\_\_\_

2. I make the following other comments in support of my request regarding the existing support order:

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**Information From Existing Support Order:**

3. I am the parent of the following children involved in this case (*list only children involved in this case, and for each child check if you are the obligee (receiving payments) or obligor (making payments)*):

Child's Name	Date of birth	Obligee / Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor

4. The existing child support order was issued by the court in \_\_\_\_\_ County and is dated \_\_\_\_\_. In that Order, I am the (*check one*)  
☐ Obligor (*making payments*) ☐ Obligee (*receiving payments*)

5. At the time the existing order was issued, I was (*check one*):  
☐ Unemployed.  
☐ Employed at \_\_\_\_\_ (company or occupation) and earned \$ \_\_\_\_\_ per ☐ hour ☐ week ☐ month with a monthly net income of \$ \_\_\_\_\_ and had other monthly income totaling \$ \_\_\_\_\_ from \_\_\_\_\_ (list all sources, such as employment, public assistance, social security, or other source).

6. At the time the existing order was issued, the child(ren) received monthly benefits in the amount of \$ \_\_\_\_\_ from \_\_\_\_\_ (list all sources such as social security benefits).

**Current Information:**

7. I am currently (*check one*) ☐ employed ☐ unemployed (*if employed, answer the following*):
- Employer: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Work telephone number: \_\_\_\_\_
  - Occupation: \_\_\_\_\_
  - Length of employment: \_\_\_\_\_
  - Supervisor: \_\_\_\_\_
  - Gross Pay: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_
  - Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly
  - Number of withholding exemptions: \_\_\_\_\_

- j. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.
- k. Cost of monthly medical insurance for self: \$ \_\_\_\_\_
- l. Cost of monthly medical insurance for dependents: \$ \_\_\_\_\_
- m. Cost of monthly dental insurance for self: \$ \_\_\_\_\_
- n. Cost of monthly dental insurance for dependents: \$ \_\_\_\_\_
- o. If insurance coverage is in place, list the names of who the insurance covers: \_\_\_\_\_  
\_\_\_\_\_
8. To the best of my knowledge, the other parent is currently:  
(check one) ☐ employed ☐ unemployed (if employed, answer the following):
- a. Employer: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Work telephone number: \_\_\_\_\_
- d. Occupation: \_\_\_\_\_
- e. Length of employment: \_\_\_\_\_
- f. Supervisor: \_\_\_\_\_
- g. Gross Pay: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_
- h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly ☐ Unknown
- i. Number of withholding exemptions: \_\_\_\_\_
- j. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.
- k. Cost of monthly medical insurance for self: \$ \_\_\_\_\_
- l. Cost of monthly medical insurance for dependents: \$ \_\_\_\_\_
- m. Cost of monthly dental insurance for self: \$ \_\_\_\_\_
- n. Cost of monthly dental insurance for dependents: \$ \_\_\_\_\_
- o. If insurance coverage is in place, list the names of who the insurance covers: \_\_\_\_\_  
\_\_\_\_\_
9. I have the following additional sources of income: (for example, public assistance, social security, Supplemental Security Income, pensions, Retirement and Survivors Disability Income, renters income, child support for other children):
- Source: \_\_\_\_\_ \$ \_\_\_\_\_ month
- Source: \_\_\_\_\_ \$ \_\_\_\_\_ month
- Source: \_\_\_\_\_ \$ \_\_\_\_\_ month
10. The value of the property I currently own by myself or with someone else is:
- Home \$ \_\_\_\_\_
- Household goods \$ \_\_\_\_\_
- Purchase price of my home \$ \_\_\_\_\_
- Balanced owed on my home \$ \_\_\_\_\_
- Other real estate \$ \_\_\_\_\_
- Checking/savings \$ \_\_\_\_\_
- Automobiles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_
- Recreational vehicles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_
- Personal property \$ \_\_\_\_\_
- Stocks/bonds/etc. \$ \_\_\_\_\_

11. I am currently (*check all that apply*):  
☐ Married   ☐ Separated   ☐ Divorced   ☐ Living with a companion   ☐ Single  
 If married or living with a companion:  
 a. Present spouse or companion's name: \_\_\_\_\_  
 b. Present spouse or companion's net monthly income: \$ \_\_\_\_\_  
 (Note: Question 10(b) only needs to be answered by an obligor who has a duty to support subsequent children) (See Minn. Stat. § 518.551, subd. 5f(1)(i))

12. The following children either live in my home or I have a legal duty to support, but are not part of this support order or this motion:

Child's Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. My monthly expenses at the present time are as follows:

	Monthly Payment at Present Time
a. <input type="checkbox"/> House payment or <input type="checkbox"/> Rent	\$ _____
b. Real Estate Taxes, if not included in (a)	\$ _____
c. Association Dues or Lot Rent (for property)	\$ _____
d. Insurance:	
Homeowners, if not included in (a)	\$ _____
Car	\$ _____
Life	\$ _____
e. Utilities: (Average monthly amount)	
Gas	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water and garbage	\$ _____
Cable TV	\$ _____
f. Food	\$ _____
g. Clothing	\$ _____
h. Laundry/dry cleaning	\$ _____
i. Personal allowances and incidentals	\$ _____
j. Magazine and newspapers	\$ _____
k. Uninsured dental expenses	\$ _____
l. Uninsured medical expenses	\$ _____
m. Child care expenses	\$ _____
n. Transportation expenses:	
Car payment	\$ _____
License	\$ _____
Gasoline	\$ _____
Repairs	\$ _____

- o. Recreation/Entertainment \$ \_\_\_\_\_
- p. Child(ren)'s needs (sports/school/hobbies) \$ \_\_\_\_\_
- q. Allowances \$ \_\_\_\_\_
- r. Other (list) \_\_\_\_\_ \$ \_\_\_\_\_

s. Charge accounts and loans (list):	
Name of Account	Balance Owed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

14. The following people help me pay my current monthly expenses listed in question 12:  
☐ Spouse or Companion    ☐ Roommate(s)    ☐ Relatives    ☐ Nobody

The information contained in this Affidavit is true and correct to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature ( Sign only in presence of Notary or Court Deputy)

Print Name: \_\_\_\_\_

Sworn / affirmed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_,  
 \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_

Notary Public/ Deputy Court Administrator